

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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The Department pays for case management services at the lower of:

1. The provider's submitted charge; or
2. The maximum allowable fee established by the Department.

All claims for reimbursement of case management services shall contain the name of the client served, the provider name and identification number, the type of service, date of service and cost.

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SPA# MS-87-5

Supercedes

Approved

4/7/88

Effective

1/1/87

SPA# (New Page)

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State Nebraska

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1. The provider's submitted charge; or
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All claims for reimbursement of case management services shall contain the name of the client served, the provider name and identification number, the type of service, date of service and cost.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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AMBULATORY PRENATAL CARE FOR PREGNANT WOMEN FURNISHED DURING A PRESUMPTIVE ELIGIBILITY PERIOD

For dates of service on or after August 1, 1989, NMAP pays for ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a Medicaid-enrolled provider at the lower of -

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule in effect for that date of service. The allowable amount is indicated in the fee schedule as -
  - a. The unit value multiplied by the conversion factor;
  - b. The invoice cost (indicated as "IC" in the fee schedule);
  - c. The maximum allowable dollar amount; or
  - d. The reasonable charge for the procedure as determined by the Medical Services Division (indicated as "BR" - by report or "RNE" - rate not established - in the fee schedule).

The Nebraska Medicaid Practitioner Fee Schedule is effective July 1 through June 30 of each year.

Revisions of the Fee Schedule: The Department reserves the right to adjust the fee schedule to -

1. Comply with changes in state or federal requirements;
2. Comply with changes in nationally-recognized coding systems, such as HCPCS and CPT;
3. Establish an initial allowable amount for a new procedure based on information that was not available when the fee schedule was established for the current year; and
4. Adjust the allowable amount when the Medical Services Division determines that the current allowable amount is -
  - a. Not appropriate for the service provided; or
  - b. Based on errors in data or calculation.

The Department may issue revisions of the Nebraska Medicaid Practitioner Fee Schedule during the year that it is effective. Providers will be notified of the revisions and their effective dates.

NMAP pays for injections at the wholesale cost of the drug plus an administration fee determined by the Department. Only the administration fee is paid when a physician uses vaccine obtained at no cost from the Nebraska Department of Health.

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Transmittal # MS-89-7

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Transmittal # (New Page)

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

## METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

AMBULANCE

Payment for ambulance services will be the lowest of -

1. The provider's submitted charges;
2. The provider's customary charge as determined by Medicare or Medicaid;
3. The prevailing charge for providers of like specialty and locality as determined by Medicare or Medicaid; or
4. Maximum allowable fees established by the Department.

Medicare customary and prevailing charge determinations used by the Nebraska Department of Social Services are those calculated by Medicare and defined as follows for purposes of the limits described above:

1. Medicare customary charges are those established on the basis of the provider's billed charges in the appropriate base period; and
2. Medicare prevailing charges are the unadjusted prevailing charges established on the basis of billed charges.

Medicaid customary and prevailing charge determinations are those established by the Department.

The new Medicare charges will become effective on the same date as the updated Medicaid charges.

OTHER MEDICAL TRANSPORTATION

Payment for other medical transportation is based on the authorized rate per trip.

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7/1/88TN# MS-83-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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TRANSPORTATION SERVICES

For dates of service on or after August 1, 1989, NMAP pays for ambulance services at the lower of -

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule in effect for that date of service. The allowable amount is indicated in the fee schedule as -
  - a. The unit value multiplied by the conversion factor;
  - b. The invoice cost (indicated as "IC" in the fee schedule);
  - c. The maximum allowable dollar amount; or
  - d. The reasonable charge for the procedure as determined by the Medical Services Division (indicated as "BR" - by report or "RNE" - rate not established - in the fee schedule).

The Nebraska Medicaid Practitioner Fee Schedule is effective July 1 through June 30 of each year.

Revisions of the Fee Schedule: The Department reserves the right to adjust the fee schedule to -

1. Comply with changes in state or federal requirements;
2. Comply with changes in nationally-recognized coding systems, such as HCPCS and CPT;
3. Establish an initial allowable amount for a new procedure based on information that was not available when the fee schedule was established for the current year; and
4. Adjust the allowable amount when the Medical Services Division determines that the current allowable amount is -
  - a. Not appropriate for the service provided; or
  - b. Based on errors in data or calculation.

The Department may issue revisions of the Nebraska Medicaid Practitioner Fee Schedule during the year that it is effective. Providers will be notified of the revisions and their effective dates.

Payment for other medical transportation is based on the authorized rate per trip.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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PAYMENT FOR PEDIATRIC OR FAMILY NURSE PRACTITIONERS

Payment for certified pediatric nurse practitioners or certified family nurse practitioners is made at the lower of -

1. The provider's submitted charge; or
2. A percentage, determined by the Department of Social Services, of the amount allowable under the Nebraska Medicaid Practitioner Fee Schedule if the services was provided by a physician.

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02/26/91

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01/01/91

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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For services provided on or after July 1, 1996, NMAP pays for person care aide services at the lower of -

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Personal Care Aide Fee Schedule.

The Department may adjust the fee schedule to -

1. Comply with changes in state or federal requirements;
2. Establish an initial allowable amount for a new procedure; or
3. Adjust the allowable amount when the Medical Services Division determines that the current allowable amount is not appropriate.

NEBRASKA MEDICAID  
PERSONAL CARE AIDE FEE SCHEDULE

Procedure Code	Definition	Maximum Allowable Amount
199811	Personal care aide, untrained	\$5.00
199814	Personal care aide, trained	\$6.50

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